



PART B - FEE(S) TRANSMITTAL

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20995 7590 09/06/2006
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 IRVINE, CA 92614
 09/15/2006 ZJUHAR2 00000063 09817014

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

03 APPLICATION NO.	FILING DATE	30.00 UP	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/817,014 03/23/2001 Jose Remacle VANM213.001AUS 5730

TITLE OF INVENTION: IDENTIFICATION OF BIOLOGICAL (MICRO) ORGANISMS BY DETECTION OF THEIR HOMOLOGOUS NUCLEOTIDE SEQUENCES ON ARRAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUES	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	\$1,400	\$200	\$0	\$1,600	12/06/2006
EXAMINER		ART UNIT			CLASS-SUBCLASS	
CALAMITA, HEATHER		1637			435-006000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Eppendorf Array Technologies SA (EAT) Namur, Belgium

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 10	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input checked="" type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input checked="" type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).
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Date September 11, 2006

Authorized Signature Marina L. Gordey

Registration No. 52,950

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